10/517020

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET *(FOR USE WITH FORM PTO-875)*						SERIAL NO.			FILING DATE		
						APPLICANT(S)					

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1							51							
2							52							
3							53							
4							54							
5							55							
6							56							
7							57							
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43							93							
44							94							
45							95							
46							96							
47							96							
48							97							
49							98							
50							99							
							100							
TOTAL IND.							TOTAL IND.							
TOTAL DEP.							TOTAL DEP.							

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS